

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Monstah Pac

ADDRESS (number and street)

2588 El Camino Real

Suite F #139

Check if different
than previously
reported. (ACC)

Carlsbad

CA

92008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00529107

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

C C

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

C C

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Eisenstein, David, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Eisenstein, David, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Monstah Pac

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | | <input type="text" value="650.80"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="297.73"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5933.09"/> | <input type="text" value="11512.39"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="6230.82"/> | <input type="text" value="12163.19"/> |
| 7. Total Disbursements (from Line 31) | <input type="text" value="6119.09"/> | <input type="text" value="12051.46"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <input type="text" value="111.73"/> | <input type="text" value="111.73"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="117378.73"/> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Monstah Pac

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07 | / | 01 | / | 2016 |

To:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2016 |

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1300.00

1300.00

(ii) Unitemized

40.32

40.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1340.32

1340.32

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1340.32

1340.32

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

4592.77

10172.07

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

5933.09

11512.39

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5933.09

11512.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 3322.10 | 9254.47 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3322.10 | 9254.47 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 2796.99 | 2796.99 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 6119.09 | 12051.46 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6119.09 | 12051.46 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1340.32 | 1340.32 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1340.32 | 1340.32 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 3322.10 | 9254.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 3322.10 | 9254.47 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Monstah Pac

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Golman, David, , ,

Mailing Address 404 Andrew Avenue

City
Encinitas

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution by direct deposit to Monstah PAC checking

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hall, Lynn, , ,

Mailing Address 398 Andrew Avenue

City
Encinitas

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2016

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution by direct deposit to Monstah PAC checking

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

| | | | | | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
| <input checked="" type="checkbox"/> 13 | | | | | | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Monstah Pac

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Law Offices of David G. Eisenstein, P.C.

Mailing Address 2111 S El Camino Real
Suite 202

| | | |
|-------------------|-------------|-------------------|
| City Oceanside | State CA | Zip Code 92054 |
|-------------------|-------------|-------------------|

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6616.72

Date of Receipt

09 / 30 / 2016

Transaction ID : SA13.4503

Amount of Each Receipt this Period

4592.77

☐ Memo Item

Advances to cover operating expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4592.77

4592.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Monstah Pac

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Box 0001

City
Los AngelesState
CAZip Code
90096Purpose of Disbursement
2 payments of \$35 (min. pymt. due)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.4533**

Amount of Each Disbursement this Period

70.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Elsaadi, Kareem, , ,

Mailing Address 1 Angwin Avenue, Newton 249

City
NewtonState
CA

Zip Code

Purpose of Disbursement
Partial stipend for Intern loaned by Law Offices David Eisenstein

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.4512**

Amount of Each Disbursement this Period

937.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godaddy.com

Mailing Address 480-5058865 AZ

City
PhoenixState
AZ

Zip Code

Purpose of Disbursement
Internet services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.4516**

Amount of Each Disbursement this Period

311.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1249.28

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.4533

payment of min. pymt due covering interest and fees

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Monstah Pac

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2211 W 1st St

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Merchant Processing PayFlow/Paypal

003

Category/
Type

Candidate Name

Monstah Pac

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 3 | 0 | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00529107

Transaction ID : SB21B.4519

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pipl.com

Mailing Address www.Pipl.com

City

State

Zip Code

Purpose of Disbursement
retrieve email addresses

001

Category/
Type

Candidate Name

Monstah Pac

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 3 | 0 | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00529107

Transaction ID : SB21B.4521

Amount of Each Disbursement this Period

240.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Postal Annex 4Mailing Address 2588 El Camino Real
Suite FCity
CarlsbadState
CAZip Code
92008Purpose of Disbursement
Mail Processing

001

Category/
Type

Candidate Name

Monstah Pac

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 3 | 0 | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00529107

Transaction ID : SB21B.4520

Amount of Each Disbursement this Period

159.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

519.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Monstah Pac

Full Name (Last, First, Middle Initial)

A. Ruse, Bertille, , ,Mailing Address 3500 Windrift Way
#374City
OceansideState
CAZip Code
92056Purpose of Disbursement
Partial stipend for Intern loaned by Law Offices David Eisenstein

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.4539**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Xensoft CorpMailing Address 10813 S River Front Parkway
Suite 230City
South JordanState
UTZip Code
84095Purpose of Disbursement
Software for administrative purposes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.4539**

Amount of Each Disbursement this Period

626.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

726.55

2495.47

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4301

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Eisenstein, David, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2588 El Camino Real
F 139

City

Carlsbad

State

CA

ZIP Code

92008

Original Amount of Loan

17136.53

Cumulative Payment To Date

2600.00

Balance Outstanding at Close of This Period

14536.53

TERMS

Date Incurred

M M / D D / Y Y
12 / 31 / 2014

Date Due

M M / D D / Y Y

On Demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

14536.53

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Eisenstein, David, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2588 El Camino Real
F 139

City

Carlsbad

State

CA

ZIP Code

92008

Original Amount of Loan

20411.78

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20411.78

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2015

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20411.78

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4335

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Eisenstein, David, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2588 El Camino Real
F 139

City

Carlsbad

State

CA

ZIP Code

92008

Original Amount of Loan

9250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9250.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2015

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

5.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9250.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4485

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Eisenstein, David, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2588 El Camino Real
F 139

City

Carlsbad

State

CA

ZIP Code

92008

Original Amount of Loan

1933.35

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1933.35

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 29 / 2016

Date Due

M M / D D / Y Y Y Y

Due on Demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1933.35

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4443

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Eisenstein, David, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2588 El Camino Real
F 139

City

Carlsbad

State

CA

ZIP Code

92008

Original Amount of Loan

1622.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1622.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2016

Date Due

M M / D D / Y Y Y Y

on demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1622.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4290

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Law Offices of David G. Eisenstein, P.C.N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2111 S El Camino Real
Suite 202

City

Oceanside

State

CA

ZIP Code

92054

Original Amount of Loan

2778.50

Cumulative Payment To Date

1590.00

Balance Outstanding at Close of This Period

1188.50

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2015

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1188.50

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4444

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Law Offices of David G. Eisenstein, P.C.N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2111 S El Camino Real
Suite 202

City

Oceanside

State

CA

ZIP Code

92054

Original Amount of Loan

2023.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2023.95

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2016

Date Due

M M / D D / Y Y Y Y

on demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2023.95

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 24

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4503

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)
Law Offices of David G. Eisenstein, P.C.N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2111 S El Camino Real
Suite 202

City

Oceanside

State

CA

ZIP Code

92054

Original Amount of Loan

4592.77

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4592.77

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2016

Date Due

M M / D D / Y Y Y Y

on demand

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4592.77

TOTALS This Period (last page in this line only)..... ►

55558.88

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Monstah Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American ExpressNature of Debt (Purpose):
Credit Card

Mailing Address Box 0001

City
Los AngelesState
CAZip Code
90096

Outstanding Balance Beginning This Period

5400.68

Transaction ID : SD10.4196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American ExpressNature of Debt (Purpose):
Credit Card

Mailing Address Box 0001

City
Los AngelesState
CAZip Code
90096

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4493

Amount Incurred This Period

2919.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

2919.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eisenstein, David, ,Nature of Debt (Purpose):
Unpaid SalaryMailing Address 2588 El Camino Real
F 139City
CarlsbadState
CAZip Code
92008

Outstanding Balance Beginning This Period

9000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

17319.85

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Monstah Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eisenstein, David, , ,Nature of Debt (Purpose):
Unpaid SalaryMailing Address 2588 El Camino Real
F 139City
CarlsbadState
CAZip Code
92008

Outstanding Balance Beginning This Period

9000.00

Transaction ID : SD10.4334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eisenstein, David, , ,Nature of Debt (Purpose):
Unpaid SalaryMailing Address 2588 El Camino Real
F 139City
CarlsbadState
CAZip Code
92008

Outstanding Balance Beginning This Period

4500.00

Transaction ID : SD10.4490

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eisenstein, David, , ,Nature of Debt (Purpose):
unpaid salaryMailing Address 2588 El Camino Real
F 139City
CarlsbadState
CAZip Code
92008

Outstanding Balance Beginning This Period

4500.00

Transaction ID : SD10.4445

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Monstah Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eisenstein, David, , ,

Nature of Debt (Purpose):

unpaid salary at \$1,500 per month

Mailing Address 2588 El Camino Real
F 139City
CarlsbadState
CAZip Code
92008

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4496

Amount Incurred This Period

4500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Law Offices of David G. Eisenstein, P.C.

Nature of Debt (Purpose):

Overhead

Mailing Address 2111 S El Camino Real
Suite 202City
OceansideState
CAZip Code
92054

Outstanding Balance Beginning This Period

7000.00

Transaction ID : SD10.4217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Law Offices of David G. Eisenstein, P.C.

Nature of Debt (Purpose):

Overhead

Mailing Address 2111 S El Camino Real
Suite 202City
OceansideState
CAZip Code
92054

Outstanding Balance Beginning This Period

6000.00

Transaction ID : SD10.4333

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

17500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Monstah Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Law Offices of David G. Eisenstein, P.C.

Nature of Debt (Purpose):

Share of office overhead and rent

Mailing Address 2111 S El Camino Real
Suite 202City
OceansideState
CAZip Code
92054

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.4487

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Law Offices of David G. Eisenstein, P.C.

Nature of Debt (Purpose):

Mailing Address 2111 S El Camino Real
Suite 202City
OceansideState
CAZip Code
92054

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.4446

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Law Offices of David G. Eisenstein, P.C.

Nature of Debt (Purpose):

overhead share

Mailing Address 2111 S El Camino Real
Suite 202City
OceansideState
CAZip Code
92054

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4497

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9000.00

2) **TOTALS** This Period (last page this line number only)..... ►

61819.85

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

55558.88

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

117378.73

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Monstah Pac | | | | FEC IDENTIFICATION NUMBER ▼ C C00529107 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Facebook Advertising USA | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 1601 Willow Road Building 10 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2016 | | |
| City Menlo Park | State CA | Zip Code 94025-1453 | Amount 2046.99 | | |
| Purpose of Expenditure promotion of facebook posts | | Category/ Type 004 | Transaction ID : SE.4531 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016 | | |
| Name of Federal Candidate: Issa, Darrell, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | | |
| Calendar Year-To-Date Per Election for Office Sought 2046.99 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Paramount Communication | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 525 K East Market Street #114 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2016 | | |
| City Leesburg | State VA | Zip Code 20176 | Amount 750.00 | | |
| Purpose of Expenditure email platform | | Category/ Type 006 | Transaction ID : SE.4532 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016 | | |
| Name of Federal Candidate: Issa, Darrell, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | | |
| Calendar Year-To-Date Per Election for Office Sought 2796.99 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 2796.99 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | 2796.99 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Eisenstein, David, , , Signature | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |